

2019 Bulletin
for the
Specialty Qualifying Examination
in
Obstetrics and Gynecology
The American Board of
Obstetrics and Gynecology, Inc.

ABO+G

2915 Vine St., Dallas, TX 75204

First in Women's Health

This bulletin, issued in 2018, represents the official statement of the requirements in effect for the Specialty Qualifying Examination to be given on June 24, 2019.

IMPORTANT INFORMATION FOR ALL CANDIDATES

- 1. Candidates who will be breastfeeding at the time of the examination must notify ABOG and schedule their test at a Pearson VUE Testing Center before March 22, 2019 to schedule a lactation room. Most Centers have only one available lactation room which is scheduled on a “first come, first served” basis.**
- 2. It is the candidate’s responsibility to meet all deadlines for submission of applications, fees, case lists, and all other required materials. Deadlines are based on the receipt of the material at the ABOG office and will not be extended.**
- 3. It is the responsibility of each candidate to update their personal email and mailing addresses in the profile section of their personal ABOG home page. Candidates should use a personal email address as a hospital or university email address may be closed after completion of training.**
- 4. It is not necessary to have a medical license to sit for the Qualifying Examination. However, if a medical license is held, it must be unrestricted without conditions. (See page 11.) An unrestricted medical license will be required to apply for the Certifying Examination.**
- 5. It is each candidate’s responsibility to be familiar with all of the information included in the “Policies” tab on the ABOG website at www.abog.org.**
- 6. All candidates must achieve board certification in Obstetrics and Gynecology within eight (8) years of the completion of their training. If certification is not achieved within eight (8) years, the physician no longer will be eligible to apply for either the Qualifying or Certifying Examinations unless an additional six (6) months of supervised practice is completed.**

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GENERAL INFORMATION FOR ALL CANDIDATES

CANDIDATE RESPONSIBILITY

The process of certification in Obstetrics and Gynecology by the American Board of Obstetrics and Gynecology (ABOG) is voluntary. ABOG does not assume responsibility to contact potential candidates. Rather, each candidate is responsible for initiating the process, completing all applications, submitting required materials by the deadlines, and paying the appropriate fees. Candidates must meet the eligibility requirements published in the *Bulletin* dated for the year in which they are to take the examination as these may change from year to year. The *Bulletin* is available online at www.abog.org in the “Publications” tab.

After applying, it is the candidate’s responsibility to inform ABOG of any changes in email and other addresses by changing the information in their profiles on their ABOG personal home page. Because hospital and university email addresses are often closed after the completion of training, candidates should list a personal email address.

CANDIDATE BOARD STATUS

A. ABOG Registered Residency Graduate

After completing or nearing completion of a residency program in Obstetrics and Gynecology accredited by the American Council for Graduate Medical Education (ACGME) or by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) and meeting all of the requirements listed below, a physician may complete an application to begin the certification process. When and if the Board determines that they have fulfilled the requirements to take the Qualifying Examination, that person becomes a “Registered Residency Graduate.”

The term “Board Eligible” is not used or recognized by ABOG.

B. Active Candidate

A physician achieves Active Candidate status by passing the ABOG Qualifying Examination. To maintain Active Candidate status, the candidate must fulfill all of the requirements for admission to the Certifying Examination, and may not have exceeded the limitations to admissibility for the Certifying Examination.

All candidates must achieve board certification within eight (8) years of the completion of their training. Training in an ACGME-accredited residency or fellowship does not count toward the 8-year limit. Participation in other fellowships, graduate education programs, etc. do not extend the 8-year limit. Physicians who fail to become certified within eight (8) years will be required to complete a minimum of six (6) months of supervised practice at a hospital affiliated

with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility please see the Policy on Regaining Eligibility for Initial Certification under the “Policies” tab at www.abog.org. Once the supervised training is completed the physician will have four (4) years to become certified. This requirement applies to all physicians who completed a residency on or before 2010.

If a diplomate’s certification expires they must pass the Re-entry examination. If six (6) or more years have passed since expiration, the candidate must pass both the Qualifying and Certifying Examinations in order to become re-certified.

DURATION OF CERTIFICATE VALIDITY

All certificates issued by ABOG after 1986 are time-limited and remain in effect only if the Diplomate participates in and successfully completes the ABOG Maintenance of Certification (MOC) process each year. Active candidates—those who have passed the Qualifying Examination, but not the Certifying Examination—are not required to participate in the MOC process.

THE QUALIFYING EXAMINATION

INTRODUCTION

The process of certification by the ABOG is voluntary. The ABOG is not responsible for contacting potential candidates. It is the candidate’s responsibility to become familiar with all of the material contained in the “Policies” tab of the ABOG website, including the *Definition of an Obstetrician-Gynecologist*.

Each potential candidate is responsible for completing the application for the Qualifying Examination online at www.abog.org, for submitting all required materials to ABOG at the time they are requested, and meeting all deadlines. ABOG will make the final decision concerning the applicant’s admission to the examination after considering all circumstances affecting the application.

THE APPLICATION PROCESS FOR THE 2019 QUALIFYING EXAMINATION

- A. Candidates must login to their personal ABOG web page. The personal ABOG ID number is available to the residency coordinator on the Residency Coordinator System and may be

obtained from them. Applications will only be accepted online, and will be available at www.abog.org beginning September 17, 2018. Late fees will apply for applications received after October 19, 2018. (See table of deadlines and fees on page 7.)

- B. December 14, 2018, is the last day and time for receipt of an application to take the June 24, 2019, Qualifying Examination. Applications received after this date will not be accepted.
- C. The Qualifying Examination fee must be paid in full by credit card at the time of the application. All fees are quoted and must be paid in US dollars.
- D. An email will be sent to each applicant at the email address provided during the application process when they are approved to take the Qualifying Examination. It is the candidate's responsibility to ensure that both their email address and physical mailing address are current and correct. The email will also contain information for contacting a Pearson VUE Testing Center to schedule a seat for the examination by the deadline of March 22, 2019. Candidates are urged to obtain a seat as soon as possible after notification of eligibility to avoid long distance travel to a site with an available seat. Seats at Pearson VUE Testing Centers in individual cities are limited, and are assigned on a "first come, first served" basis. No refund will be offered to candidates who fail to obtain a seat at their preferred examination center. After March 22, 2019, seats held by ABOG at the Pearson VUE Testing Centers will be released. No candidate may schedule a seat after June 7, 2019.

After the approval email is received, the candidate should contact Pearson VUE Testing Center to obtain a seat for the examination.
- E. If special accommodations are needed for a disability, those requests must be received at the ABOG office by the March 22, 2019. (See Appendix A for more information about accommodations for disabilities.)
- F. Candidates who are lactating may request a 30 minute break and extension of their examination if they notify the ABOG office no later than March 22, 2019, and schedule at a Pearson VUE Testing Center by the same date. After March 22, 2019 ABOG cannot guarantee that it will be possible to schedule an extended test. (See Appendix B for more information on lactation.)

FEES AND DEADLINES

The fee for the Qualifying Examination is \$1500 and must be paid in full at the time of application. The fee has been computed to cover the costs of the examination and administrative expenses. The Qualifying Examination fee consists of two parts: a fee to cover the costs of the application process (\$800.00), and a portion to cover the costs of the examination (\$700.00). The portion of the fee that covers the cost of the application process will not be refunded or credited against a future examination. If the candidate is denied

entrance to the examination on the basis of the information supplied with the application, the portion of the fee that covers the cost of the examination will be refunded.

After approval, if the candidate experiences an event that prevents sitting for the examination, the Board should be notified immediately. The ABOG review committee will determine if the request is due to circumstances beyond the control of the candidate. If the committee agrees that the circumstances warrant, the fee may be refunded minus a \$400 processing fee. The review committee will not consider any request that is based primarily on non-emergency matters.

QUALIFYING EXAMINATION DEADLINES

| | |
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| September 17, 2018 | Applications available online |
| October 19, 2018 | Last day to apply without late fee penalty |
| December 14, 2018 | Final deadline. No applications will be accepted after this date. |
| September, 2018 to February, 2019 | Candidates will be notified of approval to take the examination and to make a Pearson VUE Testing Center computer reservation |
| March 22, 2019 | Deadline to reserve seat at Pearson VUE |
| June 24, 2019 | Qualifying Examination at testing centers |

QUALIFYING EXAMINATION FEES

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|---|---|
| September 17, 2018 to October 19, 2018 | \$1500 |
| October 20, 2018 to November 16, 2018 | \$1500 + \$360 late fee = \$1860 |
| November 17, 2018 to December 14, 2018 | \$1500 + \$840 late fee = \$2340 |

ELIGIBILITY REQUIREMENTS FOR THE 2019 QUALIFYING EXAMINATION

A. All applicants must hold a Doctor of Medicine, or Doctor of Osteopathic Medicine Degree.

B. Residency Requirements

1. Candidates for certification are required to complete 48 months of graduate medical education in an Obstetrics and Gynecology residency program(s) that is ACGME-accredited at the time of completion of training. Candidates who will complete their residency training after September 30, 2019, will not be allowed to sit for the June, 2019, Qualifying Examination.

Alternately, this requirement can be met by completing no fewer than 60 months in a clinical Obstetrics and Gynecology program(s) accredited by the Council of the Royal College of Physicians and Surgeons of Canada (CRCPSC) no later than September 30, 2019. A minimum of 48 months of that training must be in Obstetrics and Gynecology. No credit for training outside of Canada may be counted toward meeting the 60-month training requirement.

Residents who complete 48 months in an AOA accredited program that achieves ACGME initial accreditation prior to their graduation are eligible to take the ABOG Qualifying Examination.

No credit will be given for residency training in programs accredited by any other organization, including ACGME-International.

Residents are expected to take allotted vacation time. Foregoing vacation time or necessary sick leave to shorten the required 48 months of training or to “make up” for time lost due to sickness or other absence is not permitted.

2. Either the PGY3 or PGY4 year of a residency program must include the responsibilities of a chief (senior) resident in accordance with the description of the program as accredited by the ACGME. Residents who receive credit for time spent in a non- ACGME-approved residency program must serve their senior year as a PGY4. (See requirement number 5, below.)
3. When a resident’s graduate education and clinical experience have been gained in more than one residency program, the application to take the Qualifying Examination must be accompanied by verification of the candidate’s satisfactory performance in each program. Fewer than six (6) months in any OB-GYN residency program will not count toward meeting the 48-month requirement.
4. A resident who has a firm commitment to a position in an ACGME-accredited subspecialty fellowship may be allowed flexibility in their residency training program. To be eligible, ABOG must receive a request from the residency Program Director prior to the start of the PGY3 year. If approved by ABOG, the PGY3 year must be served as a senior resident, with duties and responsibilities similar to those of a PGY4 resident. If the resident satisfactorily completes the PGY3 senior resident year, they may begin the subspecialty fellowship in the PGY4 year. If the fellowship is not completed successfully, the physician must return to a residency program and complete a full 12-month PGY4 year.

Residents who have received credit for training (up to six (6) months as detailed in requirement number 5, below) in a non-OB-GYN ACGME-accredited residency training

program are not eligible for the flexibility option.

5. Up to six (6) months credit for previous training in a non-OB-GYN ACGME-accredited residency may be granted for residents entering an ACGME-accredited OB-GYN residency. The OB-GYN residency Program Director must request approval for a specific number of months—not to exceed six (6)—prior to the start of the PGY4 year.
6. Leaves of absence and vacation may be granted to residents at the discretion of the Program Director in accordance with local policy. However, the total of such vacation and leaves for any reason—including, but not limited to, vacation, sick leave, maternity or paternity leave, job interviews or personal leave—may not exceed eight (8) weeks in any of the four (4) years of residency training. If any of these maximum weeks of leave per year are exceeded, the residency must be extended for the duration of time the individual was absent in excess of eight (8) weeks in years one, two, three, and four. Time missed for educational conferences does not count towards the eight (8) weeks.

In addition to the yearly leave limits above, a resident must not take more than a total 20 weeks of leave over the four (4) years of residency training. If this limit is exceeded, the residency must be extended for the duration of time that the individual was absent in excess of 20 weeks.

Example: A resident takes eight (8) weeks of leave in years 1, 2, and 3, and 6 weeks of leave in year 4 (total 30 weeks). The residency program must be extended by ten (10) weeks.

The number of days that equals a “week” is a local issue that is determined by the hospital and Program Director, not ABOG. Vacation and sick leave time may not be used to reduce the actual time spent completing the required forty-eight months of training or to “make-up” for time lost due to sickness or other leave.

Residents who have their residency extended to complete the required 48 months, may sit for the Qualifying Examination in June if they will have completed all 48 months by September 30 of the same year. The results of their examination will not be released until and unless the Program Director notifies the ABOG that they have successfully completed their residency prior to September 30. If a resident does not complete residency by 30 September, the results of their examination will be voided. Additionally, if ABOG does not receive notification from the Program Director of residency completion by January 1, 2020, the results of the examination will be voided.

7. The Program Director is required to attest to the resident's satisfactory performance, competence and completion of the program. The Program Director is expected to sign on behalf of the program, not as an individual.
8. Each resident is required to maintain a record of the number and type of obstetric and gynecologic procedures performed during residency to demonstrate the adequacy of their operative experience.

C. Limitation of eligibility. All candidates must attain certification within eight (8) years of graduation from residency. A candidate will not be eligible to apply for the Qualifying Examination if more than eight (8) years have elapsed since the completion of residency training. Years spent in an ABOG or ACGME OB-GYN subspecialty (fellowship) training program or second residency will not count toward the 8-year limit. However, when there is an interval of one or more years between the completion of residency training and the start of additional ACGME approved training, that year(s) will count toward the 8-year limit.

Physicians who fail to become certified within eight (8) years will be required to complete a minimum of six (6) months of supervised practice at a hospital affiliated with an ACGME-accredited training program to regain eligibility to apply for the Qualifying Examination. For additional information on regaining eligibility please see the Policy on Regaining Eligibility for Initial Certification under the “Policies” tab at www.abog.org. Once the supervised practice is completed the physician will have 4 years to become certified.

Fellowship training in any program other than an ABOG or ACGME-accredited Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility or Female Pelvic Medicine and Reconstructive Surgery or government fellowship program will not extend the 8-year limit.

D. Additional requirements. The candidate must meet all of the requirements in the *Bulletin* for the year they are applying for the test. For example, those applying for the June 24, 2019, Qualifying Examination must meet the requirements in the *2019 Specialty Qualifying Examination Bulletin under the “Publications” tab at www.abog.org*.

DISQUALIFICATION FROM THE QUALIFYING EXAMINATION

If a candidate is found to be involved in litigation or investigation regarding ethical or moral issues, the application will be reviewed. ABOG may defer a decision for entry into the examination to gain further information.

If the candidate has a license(s) to practice medicine in any US state or Canadian province, that license(s) may not be restricted, suspended, revoked or on probation. Any restrictions or conditions placed on a license, regardless of whether these deal specifically with patient care, will disqualify the physician from entry to the Qualifying Examination. Such restrictions and conditions include any and all provisions requiring the physician to complete additional training and/or practice in a specified manner.

Falsification of any of the submitted data or evidence of other egregious ethical, moral or professional misbehavior may result in a deferral of a candidate’s application for at least three (3) years. The candidate must then meet all eligibility requirements in effect at the end of the deferred period.

When the Board rules an applicant not admissible to the Qualifying Examination, a new application and application fee must be submitted after the cause of the inadmissibility has been resolved.

RESIDENCY TRAINING AFFIDAVIT

The candidate ruled admissible to the examination must have a Residency Training Affidavit completed by the Program Director. This affidavit must be downloaded by the Residency Program Coordinator on the residency Program Home Page under "Residency Tracking" 31 days prior to the residency completion date. The Residency Program Director must verify that the candidate:

1. will complete or has successfully completed all local requirements,
2. will complete a minimum of 48 months of training,
3. is of good moral and ethical character,
4. has not taken leaves of absence and vacation exceeding the limits described in the bulletin,
5. has completed a satisfactory resident experience log,
6. can provide competent clinical care in obstetrics and gynecology and women's health, and
7. is trained in the following list of procedures and evaluations:
 - a. major abdominal and vaginal surgical procedures on the female reproductive organs and related structures;
 - b. major surgical procedures for female urinary and fecal incontinence and other forms of pelvic dysfunction (reconstructive pelvic surgery);
 - c. spontaneous and operative obstetric deliveries;
 - d. surgical exploration of the abdomen;
 - e. pelvic, abdominal and hysteroscopic endoscopic procedures;
 - f. diagnostic evaluations including electronic fetal monitoring, ultrasonography, colposcopy, office cystometry, and urodynamic testing; and
 - g. the diagnosis and treatment of complications of the above.

The Affidavit must be completed and returned to the Board office. Results of the examination will not be released until the completed affidavit is received by the Board.

A new affidavit is not necessary for those candidates who have completed their residency training and sat for the Qualifying examination in a prior year if an affidavit has been previously received at ABOG.

SKILLS & KNOWLEDGE REQUIRED FOR THE QUALIFYING EXAMINATION

The candidate will be expected to demonstrate skills necessary to apply the appropriate knowledge to the management of clinical problems. These skills include:

- A. obtaining needed information;
- B. interpretation and use of data obtained;
- C. selection, instituting and implementing appropriate care;
- D. management of complications; and
- E. follow-up and continuing care.

TYPES OF QUESTIONS

The examination consists of single-best answer, multiple-choice questions. Many of the questions are constructed to be thought provoking and problem solving. For most questions, all possible answers may be plausible, but only one answer is the most correct. The Qualifying Examination will only be given in English.

EXAMINATION BLUEPRINT

Approximately 40% of the questions on the test will be in the area of Obstetrics, 25% in Gynecology, 25% in Office Practice and Women's Health, and 10% in Cross Content areas. The approximate percentage of questions in subcategories is shown below.

ABOG Specialty Qualifying Certification Examination

Obstetrics

- Preconception/Antenatal Care (50%)
- Intrapartum Care (30%)
- Postpartum Care (20%)

Gynecology

- Diagnostic and Preoperative Evaluation (25%)
- Surgical Management [decision making] (20%)
- Surgical Procedures (20%)
- Neoplasia (20%)

Postoperative Care and Complications (10%)

Emergency Care

Office Practice / Women's Health

Age-appropriate Routine Care (15%)

Medical Problems (15%)

Gynecologic-specific Disorders (50%)

Psychosocial Problems (10%)

Office Procedures (10%)

Cross Content

Basic Science (50%)

Ethics and Professionalism

Systems-based Practice

Epidemiology and Evidence-based Practice

Patient Safety

Communication and Health Literacy

The specific topics covered in these areas can be found in Appendix C.

CONDUCT OF THE QUALIFYING EXAMINATION

The Qualifying Examination is scheduled to last approximately 3 hours and 45 minutes. Candidates who finish before the full time has elapsed may leave the Pearson VUE Testing Center early, but if they do so, may not return. Candidates will receive information after registering on the Pearson VUE Testing Center website concerning the location of their examination, as well as the time they must arrive ([https://home.pearsonvue.com/.](https://home.pearsonvue.com/))

Each candidate must present two (2) forms of identification to be admitted for the Qualifying Examination at Pearson VUE Testing Center. One document must include both a photograph of the candidate and the candidate's signature. The second document must include the candidate's signature. If a candidate has had a name change between application and the day of the test, they must bring a copy of an official document that verifies the name change. Examples could include, but are not limited to, a marriage certificate, divorce decree, court ordered name change, etc.

Candidates may not take electronic devices into the examination area, and must also submit to a screening process that may include any or all of the following: fingerprinting, palm vein scanning, wand or walkthrough scanning for metallic objects, or any other screening that

may be in place at the Pearson VUE Testing Center. Personal items also include scarves, hats, headbands wider than 2 inches, jewelry wider than a quarter inch, and other items. Please carefully review the Pearson VUE policy for the complete listing of personal items not allowed in the examination area. If you arrive with any of the items mentioned in the personal items policy, you may be asked to remove the item from your person prior to walking into the testing area, unless the item is being worn for religious beliefs/purposes. A candidate who refuses to submit to any screening procedure will not be allowed to take the examination, and no portion of the fee will be refunded.

Candidates are not allowed to possess or access recording devices, cellular phones, paging devices, other electronic communication and/or recording devices, and writing instruments at any time during the Qualifying Examination or while taking a break. Candidates may not wear any device that can access the internet. These devices include Apple Watch, FitBit, and similar devices. The one exception is an insulin pump. If such a device is discovered at any time during the examination, or if the candidate accesses any such device for any reason, the candidate will not receive a grade for any portion of the Qualifying Examination, and all fees will be forfeit.

There is no scheduled break during the examination. Candidates may take unscheduled breaks to use the restroom facilities. Unscheduled breaks should not exceed ten (10) minutes in length. During such breaks, a candidate may not talk with any individual or access any electronic device. Candidates are not allowed to leave the Pearson VUE Testing Center for any reason before completing the test. If a candidate violates any of these regulations, the candidate will not receive a grade for any portion of the Qualifying Examination, and all fees will be forfeit.

If special accommodations are required those requests must be received at the ABOG office no later than March 22, 2019. It may not be possible to accommodate requests received after that date. (See Appendix A for information for disabilities. See Appendix B for information for lactating candidates.)

TEST SECURITY

At the time of application for the Specialty Qualifying Examination, and again at the time the test is taken, each candidate will be required to agree to the following. No candidate will be allowed to sit for the Qualifying Examination unless they agree to these terms:

1. I understand that all ABOG test materials are copyrighted, and that it is illegal to disclose the content of the examination in whole or in part to any individual, organization or business. Furthermore, I understand that if I provide the information to any such entity I may be prosecuted under the US Copyright laws.
2. I understand that if I divulge the content of the Qualifying Examination in whole or in part to

any individual, organization or business, my test result, if any, will be negated and I will not be allowed to re-apply for the Qualifying Examination for a minimum of three (3) years.

3. I understand that I may not record any portion of the Qualifying Examination by any means in whole or in part, and a violation will be treated as outlined in numbers 1 and 2 above.
4. I understand that I may not memorize or attempt to memorize any portion of the Qualifying Examination for the purpose of transmitting such material to any individual, organization or business.
5. I agree that de-identified results of my examination may be used for research purposes by ABOG.
6. I agree that the results of my examination will be given to my program director.

Additional information about test integrity and security can be found under the “Policies” tab on the ABOG website.

RESULTS OF THE EXAMINATION

The results of the Qualifying Examination will be reported online to each candidate by September 13, 2019 unless ABOG has not received a Program Director Affidavit. ABOG will not provide the candidate with their actual test score. However, each candidate, regardless of whether they pass or fail, will be provided with a list of topics in which they failed to answer 75% of the questions correctly. However, candidates should not assume that 75% of the questions must be answered correctly to pass. The cut-point for passing the Qualifying Examination is determined each year after psychometric evaluation of the results.

As part of the application process the applicant will be required to irrevocably agree that the results of the applicant’s Qualifying Examination may be made available to the Program Director of any residency program in which the Applicant may have participated or in which the Applicant is currently involved, and/or the American Council of Graduate Medical Education (ACGME) for any and all purposes. Furthermore, the applicant will be required to release and agree to indemnify and hold the ABOG and its officers, directors, and employees harmless of and from any and all claims the applicant may have with regard to the effect or impact upon the applicant of the release of the applicant’s examination results to the applicant’s Program Director or the ACGME and waive any rights the applicant may have, if any, to have the examination results maintained in confidence.

A passing grade on the Qualifying Examination does not ensure a candidate’s admissibility to the Certifying Examination, nor does it allow the use of the term “Board Eligible.”

REQUESTS FOR RE-EXAMINATION

Candidates who are scheduled to take the Qualifying Examination but do not do so, as well as candidates who do not pass the examination and who wish to repeat the examination, must complete a new application on the ABOG website and pay a new fee. It is necessary for each applicant to meet the requirements in effect the year the application is submitted. These requirements can be found in the *Bulletin* for the year the application is submitted. The re-applicant must complete the application process prior to the applicable deadline.

QUALIFYING EXAMINATION APPEAL PROCESS

ABOG will not accept appeals from candidates who seek to challenge the content of the examination, the sufficiency or accuracy of the answers to examination questions, the scoring of the examination, or the cut score used to determine the passing grade for the examination. A complaint concerning any other matter of the Qualifying Examination should be addressed to the ABOG Executive Director or the Associate Executive Director in charge of examinations.

APPENDIX A: CANDIDATE DISABILITY

The American Board of Obstetrics & Gynecology, Inc. (ABOG or Board) provides reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) as amended by the ADA Amendments Act of 2013 (ADAAA) (collectively the ADA) and, therefore, will provide or allow the use of necessary auxiliary aids, services or testing conditions that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program and examination is intended to test. Candidates must indicate through the examination application if special testing accommodations under the ADA are needed. Accommodations will only be considered with appropriate documentation. In order to implement this policy, notification of the need for special testing circumstances must be submitted in writing to the ABOG by a candidate at least 90 days prior to date of the examination. This deadline is necessary in order to allow the Board to request the required documentation, to review the records and to verify the disability, if necessary.

The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, standing, seeing, hearing, eating, sleeping, speaking, breathing, learning, reading, concentrating, thinking, communicating or working.

The purpose of accommodations is to provide equal access to ABOG examinations for all individuals. Accommodations offset the identified functional limitation so that the impact of impairment is minimized by means of an auxiliary aid or an adjustment to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual's ability to function in some capacity on a regular and continuing basis.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow the ABOG to understand the nature and extent of the applicant's disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant's documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered an accommodation that would compromise the ABOG's examination's ability to test accurately the skills and knowledge it purports to measure and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to ABOG.

ABOG shall not exclude any candidate from examination solely because of a disability if the ABOG is provided with notice of the disability in time to permit the ABOG to make such adjustments in the examination as are reasonably necessary to accommodate the disability. The candidate must provide sufficient documentation to permit the ABOG to verify the existence, nature and extent of the disability no fewer than 90 days prior to the date of the examination. The documentation must specify the requirements or accommodations

determined to be necessary to overcome or compensate for the disability. In addition, the candidate must supply any additional information the ABOG may subsequently request in a timely manner.

If any of the requirements cannot reasonably be provided, ABOG will notify the candidate and will indicate those alternative accommodations which the ABOG determines to be appropriate in consideration of the disability claimed and documented, and the integrity of the examination.

If the candidate fails to notify ABOG of a disability 90 days before the date of the examination and fails to achieve a passing grade, that candidate may not appeal the results of the examination, but shall be entitled to sit for the next regularly scheduled written examination, but must pay a new application and examination fee.

If a candidate claims that their examination results were adversely affected by illness, injury or other temporary physical impairment at the time of the examination, that candidate may not appeal the results of the examination. However, if the candidate provides sufficient evidence of such illness, injury or impairment, they shall be entitled to sit for the next regularly scheduled written examination, but must pay a new application and examination fee.

APPENDIX B: LACTATION

Candidates who are lactating may request a 30 minute break and extension of their examination if they notify the ABOG office no later than 90 days prior to the test, and schedule at a Pearson VUE Testing Center by the same date. After 90 days ABOG cannot guarantee that it will be possible to schedule an extended test. Most Pearson VUE Testing Centers have only one room that is available for breast pumping, so candidates are encouraged to make their reservations as soon as they receive approval for the test as these rooms will be assigned on a “first come, first served” basis.

APPENDIX C: SPECIALTY QUALIFYING EXAMINATION TOPICS

Obstetrics

Preconception/Antenatal Care

Routine prenatal care (diet; life style; habits)

Counseling

Genetic

Teratogenesis

Exercise

Complications

Nausea and vomiting; hyperemesis

Early pregnancy loss

2nd and 3rd trimester losses

Multifetal gestation

Hypertensive disorders unique to pregnancy

Pre-eclampsia

Eclampsia

Infectious diseases

HIV

Group A streptococcus

Misc. (varicella, pyelonephritis, CMV, toxoplasmosis, parvovirus, etc.)

Coexistent medical diseases

Cardiovascular

Chronic hypertension

Pulmonary

Renal

Gastrointestinal

Hematologic

Endocrine (includes thyroid)

Autoimmune (includes DM)

Neoplastic

Misc. (dermatologic, neurologic, etc.)

Surgical conditions (acute abdomen, adnexal & breast masses, etc.)

Psychiatric disorders

Fetal assessment/Prenatal diagnosis

Abnormal fetal growth

Anomalies

Ultrasound

Abnormalities of AFV

Indications for testing

Isoimmunization

Intrapartum Care

Normal

- Induction and augmentation
- Fetal monitoring (normal)
- Term ROM

Abnormalities of labor

Preterm labor and delivery

- Post-term
- Preterm ROM
- Fetal monitoring (abnormal)
- Dystocia
- Malpresentations (breech, face, brow, etc.)
- Cord problems (prolapse, knot, entanglement, etc.)

Infections (chorioamnionitis, amnionitis, etc.)

Hemorrhage

- Antepartum
- Intrapartum
- Postpartum
- Coagulopathy (various causes)
- Thrombosis/Embolism

Operative

- Cesarean (primary, repeat, emergency, hysterectomy, VBAC)
- Forceps
- Vacuum
- Wound complications
- Complications of operative delivery

Episiotomy and tears (perineal, cervix, vagina, vulva, hematoma)

- Prevention
- Repair

Placental complications

- Abruption
- Previa
- Accreta/percreta

Anesthesia

Immediate care of the newborn

Postpartum care

- Routine (includes lactation)
- Endomyometritis
- Other infections (mastitis, infected repairs, etc.)

Non-obstetric emergencies

- Trauma (MVA, etc.)

Gynecology

Diagnostic

- Ultrasonography
- D&C
- Diagnostic Laparoscopy
- Diagnostic Hysteroscopy

Preoperative Evaluation

- Routine evaluation
- Co-existing medical conditions (DM, CV, Pulmonary, thrombophilia's, etc.)
- Psychiatric conditions
- Geriatric

Surgical Management

- Non-infectious benign conditions
 - Vulvovaginal/cervical (VIN, CIN, VAIN, masses, etc.)
 - Uterine (myomas, AUB, hyperplasia, etc.)
 - Tubal (ectopic, infertility, sterilization, etc.)
 - Adnexal masses
 - Pelvic relaxation (cystocele, rectocele, prolapse, etc.)
 - Fistulae (all)
 - Endometriosis and adenomyosis
 - Urinary incontinence and accidental bowel leakage
 - Pelvic pain
 - Acute (torsion, appendicitis, etc.)
 - Chronic (endometriosis, etc.)
- Infectious conditions
 - PID (salpingitis, tubo-ovarian abscess, TB, etc.)
 - Abscesses
- Pregnancy-associated
 - Spontaneous, septic, complete, incomplete abortion (1st and 2nd trimester)
 - Benign trophoblastic disease
- Congenital anomalies (reproductive tract)

Surgical Procedures

- Minor
 - Operative Laparoscopy (including sterilization)
 - Operative Hysteroscopy
 - D&C
- Major
 - Hysterectomy (with and without oophorectomy)
 - Vaginal
 - Abdominal
 - Laparoscopic (total and LAVH)

- Robotic
- Pelvic floor repairs
- Prolapse
- Incontinence
- Other repairs

- Laparotomy

Surgical complications

- Hemorrhage
- Bowel injury (small and large)
- Urinary tract injury

Neoplasia

- Vulva & vagina
- Cervix
- Uterus
- Tube
- Ovary
- GTN
- Breast

Postoperative care and complications

- Routine (orders, diet, etc.)
- Embolism (including prevention)
- Gastrointestinal
 - Injury
 - Ileus
 - SBO
- Necrotizing fasciitis
- Wound
 - Normal care
 - Infection
 - Dehiscence
- Urinary tract
 - UTI
 - Fistulae
- Neurologic
- Fever
- Pain

Emergency Care

Office Practice / Women's Health

Routine care

- Age-appropriate screening
- Immunizations
- Lifestyle counseling (obesity, smoking, exercise, substance abuse, etc.)
- Perimenopause and menopause
- Family planning
 - Contraception
 - Sterilization
- Pediatric and Adolescent Care
 - Congenital anomalies
 - Menstrual disorders
 - Psychosocial
- Geriatric Care
- Obesity
- Genetic counseling (non-pregnancy related, eg BRCA)

Medical problems

- Breast disorders
 - Imaging
 - Benign
 - Malignant
- UTI
- Major diseases
 - CV (includes hypertension, MI, etc.)
 - Pulmonary
 - Gastrointestinal
 - Thrombophilia's
 - Autoimmune (DM, lupus, etc.)
 - Endocrine (thyroid, adrenal)
 - Dyslipidemias
 - Osteopenia and osteoporosis
- Minor diseases
 - Headache
 - LBP
 - Irritable bowel
 - Arthritis
 - Bronchitis
- STI's
 - HIV
 - Syphilis
 - GC

Other

Gynecologic-specific disorders

Endocrine

Primary and secondary amenorrhea

PCOS

Galactorrhea

Hirsutism

Infertility (any cause)

Evaluation

Office treatment (clomid, etc.)

Other disorders of menstruation (AUB, PMS, migraine, dysmenorrhea, etc.)

Vulvar conditions

Infectious diseases

VIN

Dermatoses (ulcers)

Chronic pain

Vaginal conditions

Discharge

Septae

VAIN

Cervix

Abnormal cytology

CIN (dysplasia, CIS)

Colposcopy

Infectious disease

Incompetence

Uterus

Myomas

Polyps

Hyperplasia

Ovary

Cystic masses

Solid masses

Pelvic pain

Acute

Chronic

Endometriosis

Incontinence and pelvic floor defects

Bladder

Rectum

Prolapse

Early pregnancy loss (spontaneous, recurrent)

Other benign pelvic masses

Reproductive tract cancer

Vulva

Cervix

Uterus

Ovary

Psychosocial

Sexual dysfunction

Domestic violence

Sexual assault

Psychiatric disorders (depression, eating disorders, etc.)

LGBT issues

Psychosomatic disorders

Office procedures

LEEP

Essure

IUD

Biopsies (vulva, vagina, cervix, endometrium, etc.)

Hysteroscopy

Ultrasonography

Cross Content

Basic science

Physiology

Anatomy

Pathology

Microbiology

Immunology

Embryology

Pharmacology

Genetics

Ethics and professionalism

Epidemiology and evidence-based medicine

Systems-based practice

Patient safety

Communication (patients and peers) and Health Literacy